Name in Full: Caleb R. Bradshaw

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge — County: Dorchester

Date of death 190 4: Month: May — Day: 30 — Age: Years: — Months: — Days: 10

Sex: male — Color or Race: White — Birth-place: Cambridge Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Howard Bradshaw — Father's Birthplace: Cambridge Md

Mother's Maiden Name: Laura B. Whitmore — Mother's Birthplace: Virginia

Name of person giving information: Howard Bradshaw — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mes-Colitis — How long: A few days

Immediate: Exhaustion — How long: 1 da

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: B W Goldsborough M D

Address: Cambridge Md

Accident or Suicide?

LIBRARY BUREAU A6881B

Name in Full

Certificate of Death

E. E Braley

Died at Town: Loudenslager County: Dorchester MARYLAND

Date 1904 Month: July 26 Day | Age Y. 43 M. 0 D. 9 | Native of Md | Occupation Hotel Prop.

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | Widow / Widower | ~~Divorced~~ | Number of children living one

Husband of Wife Mary E. Braley

Father's Name Thomas L Braley

Mother's Name Rachel Braley

Cause of Death: Primary Heart Trouble — How long sick

Immediate Pneumonia

Accident, Suicide, Homicide

Reported by John T Mace

Address Loudenslager Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Guy Augustus Cephus

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge — County: Dorchester

Date of death 1904	Month	Day	Years	Months	Days
	May		Age 7		

Sex: Male — Color or Race: Colored — Birthplace: Md

Occupation: School Boy — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Jas. Cain — Father's Birthplace: Md

Mother's Maiden Name: Sophie Cephus — Mother's Birthplace: Md

Name of person giving Information: Sophie Cephus — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Appendicitis — How long: 3 months

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Certified [illegible]

Signature of Physician: Guy S. Clute

Address: Cambridge Md.

Accident or Suicide? Knows from this Which was reported & Child's Mother

LIBRARY BUREAU Add516

Name in Full: Mary Clash

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge — County: Dorchester

Date of death: Month: May — Day: 22 — Year: 1904 — Age: Years: 31 — Months: — Days:

Sex: Female — Color or Race: Black — Birthplace: Dr Co Md

Occupation: Servant — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace:

Mother's Maiden Name: — — Mother's Birthplace:

Name of person giving Information: Mary Stewart — How related to deceased: Friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cystoma Ovary — How long: Some Years.

Immediate: Obstructed Bowels — How long: a few days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: B M Goldsborough

Address:

Accident or Suicide?

LIBRARY BUREAU A89316

Name in Full: Mrs Susan Crockett

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cambridge; County: Dorchester

Date of death: Month: May; Day: 24; 1904

Age: Years: 57; Months: ; Days:

Sex: Female

Color or Race: ~~Black~~ White

Birthplace: Dorchester Co Md

Occupation: Housewife

Where Residing if not at place of death:

~~Married~~ Single or Widowed

Name of Wife or Husband: Mrs Crockett

Father's Name: Stewart Vickers

Father's Birthplace: Dor Co Md

Mother's Maiden Name: Mary Pearson

Mother's Birthplace: " " "

Name of person giving Imformation: Mrs S. Mills

How related to deceased: Niece

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma of Bladder — How long: Some months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: B W Goldsborough

Address: Cambridge Md

Accident or Suicide?

LIBRARY BUREAU A63618

Name in Full: Clifton Wayman Dixon

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cambridge; County: Dorchester

Date of death 1904: Month: May; Day: 25

Age: Years: 1; Months: 9; Days: —

Sex: Male

Color or Race: Colored

Birthplace: Md.

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Grant Dixon

Father's Birthplace: Md.

Mother's Maiden Name: Willie Thomas

Mother's Birthplace: "

Name of person giving information: Willie Dixon

How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro-enteritis

How long: two months

Immediate: Exhaustion

How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wilbur A. Drake M.D.

Address: Cambridge, Dorchester Co.

Accident or Suicide? —

LIBRARY BUREAU A88816

Name in Full

Certificate of Death

Phillip Hastings

Town

County

Died at

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
May	29	74				

Date 189[illegible]

Age

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | Widow / Widower | Divorced / Number of children living

~~Husband~~ / Wife of

Father's Name

Mother's Name

Cause of Death — Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU; 76706

Name in Full: Ida Matthews.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Taylor's Island; County: Dorchester

Date of death: Month: May; Day: 12; 1904; Age: Years: 24; Months; Days

Sex: Female; Color or Race: Caucasian; Birthplace: Md.

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of ~~Wife or~~ Husband: Wm H. Matthews

Father's Name: John R. Phillips sr. 93; Father's Birthplace: Md

Mother's Maiden Name: Mary ~~Phillips~~ Hinton; Mother's Birthplace: Md

Name of person giving Information: Oliver Matthews; How related to deceased: Brother in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia & Relapse; How long: 2 weeks

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jos. K. Shriver Jr.

Address: Taylor's Island Dor. Co. Md

Accident or Suicide?

LIBRARY BUREAU A28310

Name in Full: Mary Alice Matthews

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Taylors Island; County: Dorchester

Date of death: Month: May; Day: 21; Year: 1904; Age: 57 Years; Months: 2; Days: 15

Sex: Female; Color or Race: Caucasian; Birthplace: Md.

Occupation:

Where Residing if not at place of death:

~~Married, Single~~ or Widowed: Widowed; Name of Wife or Husband: Sam'l Cass Matthews

Father's Name: Levin Ruark; Father's Birthplace: Md

Mother's Maiden Name: Ellen Riggans; Mother's Birthplace: Md.

Name of person giving information: Mrs. L. Matthews; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe; How long: 1 week

Immediate: Capillary Bronchitis; How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. Jos. K. Shriver Jr.

Address: Taylors Island Dor. Co. Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88316

Name In Full

Certificate of Death

James Mills

Died at Town: Cambridge, County: Dorchester, MARYLAND

Date 1904 Month: May Day: 13 | Age Y.: 70 M.: — D.: — | Native of: Md. | Occupation: Laborer

Male / ~~Female~~ | ~~White~~ / Colored | ~~Married~~ / ~~Single~~ | ~~Widow~~ / Widower | ~~Divorced~~ / Number of children living: One

Husband / Wife of: Don't Know

Father's Name: Don't Know | Mother's Maiden Name: Don't Know

Cause of Death — Primary: Bright's Disease | How long sick: Several months

Immediate: Uraemic Coma | ~~Accident, Suicide,~~ Homicide

Reported by: Wilbur A. Drake M.D

Address: Cambridge Dorchester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Name in Full: georganna mitchall

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hudson — County: Dorchester, Co.

Date of death 1904: Month: may — Day: 6 th — Age: Years: 72 — Months: 9 — Days: 16

Sex: Female — Color or Race: White — Birthplace: Hudson

Occupation: — Where Residing if not at place of death: Cambridge

Married, Single or Widowed: Widow — Name of Wife or Husband: Richard mitchall

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: — Father's Birthplace:

Mother's Maiden Name: georgeanner Seward — Mother's Birthplace: Hudson

Name of person giving information: Thomas g Seward — How related to deceased: Brother

CAUSES OF DEATH

old age — Worn out

PHYSICIAN OR CORONER

Primary: Unknown — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: S A Stokes

Address: Cambridge Rf 5 md

Accident or Suicide?

LIBRARY BUREAU A63516

Neme in Full

Certificete of Death

Mary E Mitchell

Town

County

Died at Catlings Anne A MARYLAND

Month | Day | Y. M. D. | Native of | Occupetion

Date 189 | May 7 | Age 65 8 24 | MD | Housework

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

~~Husband~~ of

Wife Lidian Mitchell

Father's Name

Mother's Name

Ceuse of Death { Primary [illegible] | How long sick [illegible]

Immediete [illegible]

Accident, Suicide, Homicide

Reported by John Mitchell

Address Catlings Md

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Burdeen

W S Phelps — 32

Jennie Smith 29.

2 Red Boys

Born April 17 - 1907

Name in Full: Edward Nichols

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Cambridge (County): Dorchester

Date of death: Month 1904 April Day 17th 17th

Age: Years 78 Months Days

Sex: Male

Color or Race: Negro

Birthplace: Cambridge

Occupation: Laborer

Where Residing if not at place of death: Cambridge

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information: Edward Nichols Jr.

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Sore (Abscess) How long: 3 years

Immediate: do How long: do

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address: Lelbompte & Harper

Accident or Suicide?

LIBRARY BUREAU A69518

Name in Full: Hagar Nichols

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Cambridge — County: Dorchester

Date of death 1904 — Month: May — Day: 29 — Age — Years: 50 — Months: — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Md.

Occupation: Domestic — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of ~~Wife or~~ Husband: Edward Nichols

Father's Name: Don't Known — Father's Birthplace:

Mother's Maiden Name: Don't Known — Mother's Birthplace:

Name of person giving Information: Lewis Bayard — How related to deceased: Home

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastralgia — How long: Two weeks

Immediate: Neuralgia of the Heart + Fatty degeneration — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wilbur A. Drake M. D.

Address: Cambridge Dorchester Co.

Accident or Suicide? —

LIBRARY BUREAU A69516

Name in Full: Drew Priscilla Otho

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Taylors Island; County: Dorchester

Date of death: Month: May; Day: 12; 1904; Age: Years: 51; Months: ; Days:

Sex: Female; Color or Race: African; Birthplace: Md.

Occupation: ; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Andrew Otho; Father's Birthplace: Md.

Mother's Maiden Name: Lovey Otho; Mother's Birthplace: Md.

Name of person giving Information: Robert Otho; How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diarrhoea; How long: 1 week

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Jos. K. Shriver, M.D.

Address: Taylors Island Dor. Co. Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A6035

Name in Full: Mary Em Parks

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hoopersville — County: Dorchester

Date of death 1904: Month: May — Day: 31st — Age: Years: 24 — Months: 11 — Days:

Sex: female — Color or Race: White — Birthplace: Hoopersville

Occupation: Housewife — Where Residing if not at place of death: Hoopersville

Married, Single or ~~Widowed~~ — Name or Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: unknown — Father's Birthplace:

Mother's Maiden Name: Lucy Ann Parks — Mother's Birthplace: Hoopersville

Name of person giving Information: Charles D Parks — How related to deceased: son

CAUSES OF DEATH

Primary: — How long:

Immediate: Paralysis — How long: 4 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Laurence D Fulton M.D.

Address: Hoopersville

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Algenon Pinkett

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Vienna — County: Dorchester

Date of death: Month: May — Day: 4 — 1904 — Age: Years: 60 — Months — Days

Sex: male — Color or Race: Bloeine — Birthplace: Vienna

Occupation: Retired farmer — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: dont no — Father's Birthplace: dont no

Mother's Maiden Name: dont no — Mother's Birthplace:

Name of person giving In formation: Thos Pinkett his Son — How related to deceased: Son

CAUSES OF DEATH

Primary: olde age — How long: 3 weeks

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Se fore Sinow

Signature of Physician: R. S. Price M.D.

Address: Vienna Md

Accident or Suicide?

1574

LIBRARY BUREAU A66516

Name in Full: James R Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Sudlersville — County: Worcester

Date of death 1904 — Month: May — Day: 15 — Years: Age 66 — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace:

Married, Single or Widowed: Widowed — Occupation: A Laborer

Name of Wife or Husband: Willie Robinson

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving information: Joseph H Lacy — How related to deceased: Son in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular disease of heart — How long: 6 months

Immediate: Paralysis — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E A McGuire

Address: Sudlersville

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Martha Stafford.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Cambridge, (County) Dorchester

Date of death: Month May, Day 18, 1904 — Age: Years 59, Months —, Days —

Sex: Female — Color or Race: Colored — Birthplace: Md

Occupation: Domestic — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of Wife or Husband: Robert Stafford

Father's Name: Don't Know — Father's Birthplace: —

Mother's Maiden Name: Don't Know — Mother's Birthplace: —

Name of person giving Information: Joseph Henry — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Influenza — How long: Eight weeks.

Immediate: Cardiac and Renal Complications — How long: Two weeks.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wilbur A. Drake M.D.

Address: Cambridge, Dorchester Co.

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: James L Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Thomas — County: Dorchester

Date of death: Month: May — Day: 14 — Years: / — Months: 3 — Days:

Sex: Male — Color or Race: White — Birthplace: Thomas Md

Occupation — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: G. Hamilton Thomas — Father's Birthplace: Thomas Md

Mother's Maiden Name: Margaret A Mowbray — Mother's Birthplace: Thomas Md

Name of person giving Information: Mrs Luther N Mowbray — How related to deceased: Grandmother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 2 weeks

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: L A Stokes

Address: 376 #5 Cambridge Md

Accident or Suicide?

LIBRARY BUREAU A66316

Name in Full — — Wilson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Cornersville — County: Dorchester

Date of death: 1904 — Month: May — Day: 22

Age: Years — Months: 7 — Days

Sex: Male — Color or Race: Negro — Birthplace: Cornersville

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband:

Father's Name: Joseph Wilson Jr — Father's Birthplace: Cornersville

Mother's Maiden Name: Lyddy Nicols — Mother's Birthplace: Cornersville

Name of person giving Information: Jos. Wilson — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Storbrain — How long: 6 mos

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: S A Stokes

Address: Cornersville R F D ± 3 Md

Accident or Suicide?

LIBRARY BUREAU A36816